



FEDERAL IDENTIFICATION No: \_\_\_\_\_

NHES EMPLOYER ACCOUNT No: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

Employer Telephone No: (     )     -     \_\_\_\_\_

# NEW HAMPSHIRE EMPLOYMENT SECURITY

## NEW HIRE REPORTING FORM

RETURN TO: NHES -NEW HIRE PROGRAM  
PO BOX 2092  
CONCORD NH 03302-2092

FAX (603) 229-4324

**Note:** For "Type of Hire" write "W" for  
W-2 EMPLOYEE OR "I" FOR 1099  
Independent Contractor

<u>SOCIAL SECURITY No</u>	<u>EMPLOYEE NAME</u>	<u>ADDRESS</u> NO PO BOX	<u>CITY/TOWN</u>	<u>STATE</u>	<u>ZIP</u>	<u>DATE</u> <u>OF</u> <u>HIRE</u>	<u>WORK</u> <u>STATE</u>	<u>TYPE OF</u> <u>HIRE</u> "W" OR "I"
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NOTE: All new hires must be reported within 20 days of the date of hire. The date of hire is the first day the individual performs services for you.

DES 605 R-10/1/03